

SF 507 MEDICAL RECORD - CONTINUATION OF SF-93: SPECIAL - AVIATION APPLICANT

CAUTION: Concealment of medical history will be reported to higher authority and may result in **PERMANENT DISQUALIFICATION**. ALL POSITIVE RESPONSES REQUIRE ELABORATION ON THE REVERSE BY A FLIGHT SURGEON

25. Have you ever been medically disqualified for any flight or other physical at any time?

YES☐

NO☐

a. If you were disqualified, do you have a waiver?

YES☐

NO☐

26. Since your last physical or in the last 18 months, have you been sick, injured, consulted a physician, used medication(including over the counter), or been hospitalized for any reason?

YES☐

NO☐

27. Have you ever used or experimented with drugs (other than medications prescribed for you by a physician to treat a specific medical condition) to include: cocaine, crack, hashish, marijuana, PCP (angel dust), barbiturates (downers), amphetamines (speed, uppers), heroin, LSD, steroids or any other substance considered illegal or dangerous drugs by the U.S. Government?

YES☐

NO☐

28. Have you ever been evaluated for, or treated for any psychiatric problems, depression, stress, anxiety, nervous breakdown, schizophrenia, mania, psychosis, anorexia, bulimia, binge eating, self-induced vomiting, personality disorder or other mental illness, marital problems, or been told you had a learning disability?

YES☐

NO☐

29. Have you ever used alcohol to excess resulting in: legal problems to include arrest for driving under the influence(DUI/DWI), absence from work or school, loss of job, impairment of health to include liver disease, ulcers, pancreatitis, blackouts(loss of memory), or marital problems?

YES☐

NO☐

30. Have you ever been diagnosed or had any level of treatment for alcohol abuse or dependence?

YES☐

NO☐

a. What is your weekly consumption of alcohol?

31. Have you ever been told in the past that your uncorrected vision was worse than 20/20 in either eye?

YES☐

NO☐

32. Do you wear or have you ever worn contact lenses?

YES☐

NO☐

33. Have you ever had eye surgery or any operation or manipulation to correct poor vision such as radial keratotomy(RK), Photorefractive Keratectomy(PRK, ALK or LASIK), Orthokeratology(Ortho-K), or eye rubbing to reshape the cornea(clear part)?

YES☐

NO☐

If you answered yes to PRK or LASIK, answer the following questions

a. When you read brightly illuminated road signs at night, do you have problems with hazy vision?

YES☐

NO☐

b. Do you have problems with glare or halos from oncoming headlights at night?

YES☐

NO☐

c. Do you have problems seeing because of double vision or ghost images?

YES☐

NO☐

d. Do you have problems seeing people or things at twilight?

YES☐

NO☐

e. Do you have concerns about your visual ability to perform aviation duty?

YES☐

NO☐

34. Have you ever fainted, had vertigo(spinning dizziness), seizures, convulsions, or sustained a head injury resulting in loss of consciousness, loss of memory, concussion, or skull fracture?

YES☐

NO☐

35. Have you ever had a migraine or other severe headache?

YES☐

NO☐

PATIENT'S SIGNATURE

DATE

PATIENT IDENTIFICATION

CONTINUATION SF 93: SPECIAL - AVIATION APPLICANT

LAST NAME:

FIRST:

M.I.:

SSN:

COMMAND:

RATE/RANK:

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**SF 507 CONTINUATION OF SF 93: AVIATION APPLICANT (Reverse)**

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36. Have you had asthma or wheezing at any time? YES ☐ NO ☐

37. Do you have any history of generalized or severe reaction to stinging or biting insects or common foods? YES ☐ NO ☐

38. Have you ever had hay fever, seasonal allergies, allergies to pollen, sinus problems, or used antihistamines, decongestants, nasal steroids, or allergy shots for relief of above symptoms? YES ☐ NO ☐

39. Do you smoke or use any tobacco products? YES ☐ NO ☐  
a. If so, what kind and how much? \_\_\_\_\_

**FLIGHT SURGEON COMMENTS**

ITEM BLOCK	COMMENT	CD NCD	WAIVER REQUESTED
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PATIENT'S SIGNATURE

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DATE

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FLIGHT SURGEON'S SIGNATURE

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STAMP

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PATIENT IDENTIFICATION

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CONTINUATION SF 93: SPECIAL - AVIATION APPLICANT

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LAST NAME: \_\_\_\_\_

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FIRST: \_\_\_\_\_

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M.I: \_\_\_\_\_

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SSN: \_\_\_\_\_

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COMMAND: \_\_\_\_\_

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RATE/RANK: \_\_\_\_\_